(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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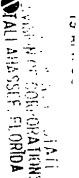
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Affordable Septi	c Service LLC.		
Sobster.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Rdo	ny Miller Name of Person		
	Affordable	Septic Service LLC Firm Company	·	
	204 31	hadeville Rd.		201
		ville FL 32327 City/State and Zip Code		2019 APR 30 AM 9: 1
	Affordable	City/State and Zip Code septic fleamuil. Co to be used for future annual report notifi	om	經 3 日
For further information co	oncerning this matter, please co		ication)	9: 15
Robbe Name b	Miller	at (850) 509- Area Code Daytime	-0376 Telephone Number	·
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Affordable Sept	tic Service LLC.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \(\frac{1200006352}{}{}\).	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		28
		19 APR
		等的 2 TA
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		- N 6
D. If amounting the registered cases and/or registered at	ffee addrag on our records onto	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ine name of the nev
		
Name of New Registered Agent:		
New Registered Office Address:		
Then Registered Office Reduces.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, (umiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carl A Blizzard	228 Bay Pine Pr.	Add
		Cranforder, le, FL 32327	■ Remove
			Change
MGR	Casey Miller	204 Shadeville Rd.	Add
		Crawfordville, FL 32327	Remove
			Change
			Change FILE
			30 Remove
			PG Change
			□ Add
			
			□ Remove
			Change
			Remove
			□ Change
			🗆 Add
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(If an effective date is listed Note: If the date insert	er than the date of filing, the date must be specific and led in this block does not rate on the Department of S	d cannot be prior to date meet the applicable sta	of filing or more than 90 day	(optional) s after filing.) Pursuant to 605.02 ts, this date will not be listed a	07 (3) as the
	a delayed effective of the record is filed.		effective time, at 12	:01 a.m. on the earlier	of:
Dated Apr	130	. 2019	_ .		
	Signature of a	member or authorized r	epresentative of a member		
	Rohby Miller		of signee		

D.

Page 3 of 3

Filing Fee: \$25.00